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| https://www.wmciu.org.uk/images/WMCIU%20LOGO.pngThe Tarring SiteThe Tarring Club CIU Affiliated |
| **Membership Form** |

**First Name: Surname: DOB:**

**Address/Postcode:**

**Telephone: Email:**

**Interests:**  **Bingo  Quiz nights  Live music  Live comedy  Golf  Football  Formula 1  Horse racing  Rugby  Pool  Darts**

**Other interests: Preferred drink:**

**By ticking this box I confirm I am happy for the Tarring Club to store securely my personal details and use them to send me information about the Club and or events. I accept that my information will not be shared with anyone other than the Tarring Club.**

**Proposed by: Seconded by:**

**Who can, from personal knowledge, vouch for the proposed candidates respectability and fitness to become a member.**

**Are you a member of any other club? YES / NO**

**Have you ever been expelled from any other club? YES / NO**

**I declare that I agree with the objects of The Tarring Club and hereby apply to be admitted as a member. I agree, if elected, to be bound by the rules and by-laws of the club.**

**Signature: Date:**

**Application taken by: Received the sum of: £**

**Please note: Any monies pre-loaded on Tarring Club membership cards are non-refundable.**

**………………….…………………..tear off here and give to member……………………………………...**

**Received the sum of: £ membership fee Date:**

**Proposed members name:**

**Application taken by:**

**New member meetings are held on the first Tuesday of the month.**

**Please be aware you cannot sign in guests or book the function room until you have attended and been accepted as a full club member at the new members meeting.**